

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11191

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Starkessville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Starkessville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lucy Ann Albaugh

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Wm. A. Albaugh7. Birth date of deceased (mo., day, yr.) Sept 17-1855

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 91 Months 2 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Pennsylvania  
(Town, county, and state)10. Usual occupation Retired

## 11. Industry or business

12. Name Isaac Stoner13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Wm. Albaugh, Jr.Address Starkessville, Md.17. (Burial, cremation, or removal, Where) Burial Date thereof Dec 13, 1947  
(month) (day) (year)Cemetery or crematory Mt. HopeLocation Woodlawn, Md.18. Funeral director M. S. Greger & SonAddress Thurmont, Md.19. Dec 13 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1947 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1947 to Dec 11 1947 and that I last saw him alive on Dec 10 1947Immediate cause of death Stroflux

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE S. E. Easter Day M. D. or other \_\_\_\_\_Address Wheeler, Md. Date signed \_\_\_\_\_

RECEIVED  
DEC 17 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11192

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 WeeksHospital, institution, or street address where death occurred:  
Crutchley Nursing HomeHow long in hospital or institution? 2 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

~~State~~ D. C. County \_\_\_\_\_City or town Washington  
(If outside city or town limits, write RURAL and give nearest town)Street No. 3722-12th Street, N. E.  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS. ELIZABETH CHRISTINE ALLEN

## 3. (b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Widowed</u>

6.(b) Name of husband or wife Louis M. Allen

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 18, 1868

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>29</u>	_____ hrs. _____ min.

9. Birthplace Washington, D. C.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER	12. Name	<u>John Weidman</u>
	13. Birthplace	<u>Germany</u>

MOTHER	14. Maiden name	<u>Julia Weidman</u>
	15. Birthplace	<u>Ireland</u>

16. Informant Mrs. Mary J. Dornheim  
Address Mount Airy, Maryland17. Burial Date thereof December 19, 1947  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or ~~cemetery~~ Mount Olivet Cemetery  
Location Washington, D. C.18. Funeral director C. E. Cline & Son  
Address Frederick, Maryland19. 17 Dec 19 47 Elizabeth G. Hack  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 19 47, at 6 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 7 19 47, to Dec. 17 19 47, and that I last saw him alive on Dec. 17 19 47.

Immediate cause of death \_\_\_\_\_

DURATION
<u>Cerebral hemorrhage of the lung</u> <u>1 hr.</u>
<u>Primary</u>

Due to \_\_\_\_\_  
Due to \_\_\_\_\_Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Pearce, M.D.  
M. D. or other \_\_\_\_\_Address Frederick, Md. Date signed 12/17/47

RECEIVED

DEC 19 1947

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11193

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
West All Saint Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Adams  
City or town Gettysburg  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 213 East Railroad Street  
(If rural, give LOCATION)  
2. (a) If veteran, name war None ✓

### 3. (a) FULL NAME

EDWARD EMORY ANZENGRUBER

3. (b) Social Security Number  
176-07-9682

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Rose Thomas

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) August 8, 1892

8. AGE: Years 55 Months 3 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Adams-Pennsylvania  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name George A. Anzengruber  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Emma Goodermuth  
15. Birthplace Adams County Pennsylvania

16. Informant Mrs. Rose Anzengruber  
Address 213 E. Railroad St., Gettysburg, Pa.

17. Burial 12/5/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or Evergreen Cemetery  
Location Gettysburg, Pennsylvania  
Bender Funeral Home

18. Funeral director Gettysburg, Pennsylvania  
Address

19. 3 Dec 19 47 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-2 19 47 to 12-2 19 47 and that I last saw him alive on 12-2 19 47

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. J. Baume Jr M. D.

Address Frederick, Maryland M. D. or other \_\_\_\_\_  
Date signed 12-2-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 4 1947

GENERAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11194

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred: Fred Co. Emergency Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... New Myersville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

George W. Barksdall

## 3. (b) Social Security Number

✓

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife... Cora (Marken)Barksdall

## 7. Birth date of

deceased (mo., day, yr.)

August 13, 1884

## 8. AGE:

Years

Months

Days

If less than one day

6341

.....hrs. ....min.

9. Birthplace... Myersville, Fred. Md.

(Town, county, and state)

## 10. Usual occupation...

Day Laborer

## 11. Industry or business

Farm Laborer

## FATHER

## 12. Name...

Geo. W. Barksdall

## 13. Birthplace

Md.

## MOTHER

## 14. Maiden name...

Margaret A. Wolfe

## 15. Birthplace

Md.

## 16. Informant...

Fred W. Barksdall

## Address

Middleton Md.

## 17.

(Burial, cremation, or other disposal)

## Date thereof

Dec 17, 1947

## Cemetery or crematorium

St. Mark's Lutheran

## Location

Myersville, Md.

## 18. Funeral director

Paul J. Bitts

## Address

Myersville, Md.

## 19.

(Date rec'd by registrar)

19 47Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 14 19 47, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 16 to Dec 14 19 47and that I last saw him alive on Dec 13 19 47

Immediate cause of death.....

DURATION

Cardio Renal-Vascular Disease3 yrs -

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed 12-15-47

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DEC 19 1947



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

11195

131a

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 29 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town Rural Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

no

## 3. (a) FULL NAME

Joseph E. Baugher

## 3. (b) Social Security Number

none

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Anna Summers Baugher6. (c) If alive, give age 65 years

## 7. Birth date of

deceased (mo., day, yr.)

April 6, 1878

## 8. AGE:

Years

Months

Days

If less than one day

69726

hrs.

min.

## 9. Birthplace

Walkersville, Frederick Co., Md.

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

John E. Baugher

## MOTHER

## FATHER

## 12. Name

John E. Baugher

## 13. Birthplace

Walkersville, Md.

## 14. Maiden name

Sarah Shankle

## 15. Birthplace

Walkersville, Md.

## 16. Informant

Roy Baugher

## Address

Frederick, Md.

## 17. Burial

Ch. 2 Brothers Cemetery

## (Burial, cremation, or removal, which?)

Harmony

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19. Dec 5

## 19 47

## Elizabeth L. Heck

## Registrar

## Date rec'd by registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec. 3 1947 at 11:57 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1946 to Dec 3 1947and that I last saw him alive on Dec 2 1947

## Immediate cause of death

Cardio-Renal-Vascular disease

## DURATION

1 yr.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

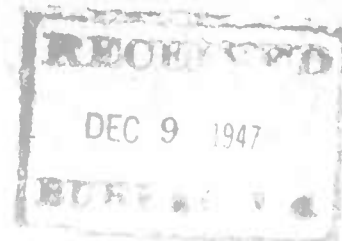
Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

J. E. Harp MD M. D. or otherAddress Middletown Date signed 12-4-47



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

11196

93d

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

229 South Market Street

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 229 South Market Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

JOHN THOMAS BEST, SR.

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

8. (b) Name of husband or wife Hester Hallar

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) March 7, 1874

8. AGE: Years 73 Months 9 Days 15 If less than one day  
.....hre. ....min.

9. Birthplace Frederick Junction-Frederick-Md.  
(Town, county, and state)  
Retired

10. Usual occupation.....

11. Industry or business.....

12. Name John T. Best  
13. Birthplace Frederick County Maryland

14. Maiden name Margaret Dorsey  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Hester Best  
Address 229 S. Market St., Frederick, Md.

17. Burial Date thereof 12/24/47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland

Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
Address

19. 23-Dec-47 Elizabeth Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22nd 1947 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

16 December 1947 to 22 Dec 1947

and that I last saw him alive on 22 December 1947

Immediate cause of death

Acute Pulmonary edema

DURATION

12 hrs.

Due to Arterial Fibrillation

1 week

Due to Arterio-sclerotic heart

3+ yearsDisease

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

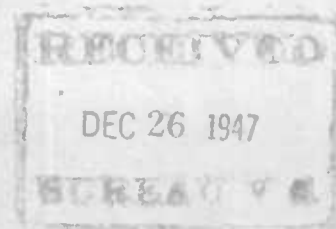
Means of injury

Injured at work?

23. SIGNATURE Charles H. Conley Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-22-47



W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11197

Reg. Diat. No. 131

5207

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 1214 North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

EFFIE ADELLA CRAWFORD BLUBAUGH

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced M

6. (b) Name of husband or wife Norman H. Blubaugh6. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) Unknown 1889

8. AGE: Years 58 ? Months Days If less than one day  
 hrs. min.

9. Birthplace Carroll County Maryland  
 (Town, county, and state)  
At Home

10. Usual occupation

11. Industry or business

FATHER 12. Name Unknown  
 13. Birthplace Unknown

MOTHER 14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Norman H. Blubaugh  
 Address 1214 N. Market St., Frederick, Md.

17. Burial Date thereof 12/26/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pipe Creek Cemetery  
Near New Windsor, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 23-Dec 1947 Elizabeth Y. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 23rd 1947 at 12:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 47 to December 47  
 and that I last saw or alive on December 22 1947

Immediate cause of death Carcinoma lungs / Bi-lateral DURATION

Due to Metastatic from Hyper-  
nephroma Right Kidney

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

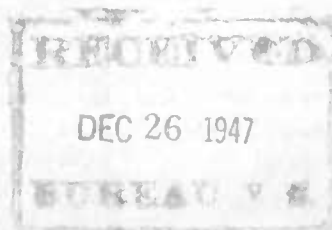
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'ic place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. White M. D.  
 M. D. or other

Address Frederick, Maryland Date signed 12-24-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11198

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
Linden Hills  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Linden Hills  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

JOHN ROBERT BRANDENBURG

## 3. (b) Social Security Number

220-18-1738

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6. (b) Name of husband or wife Laura Sheeler  
 6. (c) If alive, give age 72 years  
 7. Birth date of deceased (mo., day, yr.) April 1, 1873  
 8. AGE: Years 74 Months 8 Days 16 It less than one day ..... hrs. .... min.

9. Birthplace Harmony-Frederick-Maryland  
 (Town, county, and state)  
Blacksmith  
 10. Usual occupation .....  
 11. Industry or business .....  
 12. Name William Brandenburg  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Ida Taylor  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Laura Brandenburg  
 Address R. F. D. #5, Frederick, Md.  
 17. Burial 12/20/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Pleasant Hill Cemetery  
 Location Near Monrovia, Maryland  
 18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 19 Dec 47 Elizabeth G. Hack  
 (Date rec'd by registrar) (Year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 1947, at 11:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1947 to Dec. 17 1947  
 and that I last saw him alive on Dec. 17 1947

Immediate cause of death Cerebral Hemorrhage DURATION 24 hrs.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Bo Thomas M. D.

Address Frederick, Maryland Date signed 12-18-47

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DEC 20 1947

FBI



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Months

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 7 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County JeffersonCity or town Charlestown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

None

## 3. (a) FULL NAME

MRS. FLORENCE A. BROWN

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed6. (b) Name of husband or wife John W. Brown

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) February 6, 18588. AGE: Years Months Days If less than one day  
89 10 2 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Orange, Virginia  
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

FATHER 12. Name John Noland  
13. Birthplace Madison Run, Va.MOTHER 14. Maiden name Florence Amos  
15. Birthplace Madison Run, Va.16. Informant Mr. Wade E. BrownAddress 9 E. South St., Frederick, Md.17. Burial Date thereof December 11, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Edge Hill CemeteryLocation Charlestown, W. Va.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 9 Dec 1947 Elizabeth G. Hech  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8th 1947 at 11:55 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 47 to Dec 8 1947and that I last saw him alive on Dec 8 1947Immediate cause of death Myocardial Failure

DURATION

Due to Fracture left femur 8 wks.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: about 2 mos.Accident, suicide, or homicide Accident Date of just prior to deathWhere did injury occur? Frederick (City or town) Ind. (County) (State)Injured at home, farm, industry, public place (where?) home of sonMeans of injury Fell to floor (12x4x8) Injured at work? \_\_\_\_\_23. SIGNATURE Howard W. Cline M.D.

M. D. or other

Address Frederick Md. Date signed 12/9/47

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

DEC 10 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The post age is especially important. Physicians: please write the causes of death clearly and legibly

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11200

Reg. Dist. No. 137

1. PLACE OF DEATH: County..... Frederick City or town..... near Unionville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 3 years Hospital, institution, or street address where death occurred: How long in hospital or institution?.....		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Frederick City or town..... near Unionville (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....	
--	--	---	--

3. (a) FULL NAME JAMES T.	3. (b) Social Security Number Burdette
------------------------------	---

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Florence I. Burdette deceased		
6. (c) If alive, give age..... years		
7. Birth date of deceased (mo., day, yr.) Feb'y 6, 1870		

8. AGE:	Years	Months	Days	It less than one day
	77	10	22	..... hrs. .... min.

9. Birthplace Howard Co. Maryland (Town, county, and state)
---

10. Usual occupation Farmer retired
--

11. Industry or business William Burdette
--

12. Name Maryland
----------------------

13. Birthplace ? Cushion
-----------------------------

14. Maiden name Maryland
-----------------------------

15. Birthplace Mrs. Alvie Franklin
---------------------------------------

16. Informant Westminster, Md.
-----------------------------------

Address Burial
-------------------

Date thereof 1-1-48 (month) (day) (year)
--

Cemetery or crematory Locust Grove
---------------------------------------

Location Frederick Co. Maryland
------------------------------------

C. M. Waltz
-------------

18. Funeral director Winfield, Md.
---------------------------------------

Address
---------

19. Jan 4 1948 Date rec'd by registrar	Dec D. Cuffman Registrar
---	-----------------------------

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1947 at 6 A.M.
---

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1947 to Dec 27 1947
--

and that I last saw him alive on 12-27 1947
---

Immediate cause of death	DURATION
--------------------------	----------

Cerebral Hemorrhage	
---------------------	--

Due to	
--------	--

Due to	Arteriosclerosis
--------	------------------

Other conditions	
------------------	--

(Include pregnancy within 3 months of death)	
--	--

Major findings of operations	
------------------------------	--

Date of op.	
-------------	--

Autopsy results	
-----------------	--

PHYSICIAN: Please underline the cause to which death should be charged statistically.
---

22. VIOLENCE: If death was due to external causes, fill in the following:
---

Accident, suicide, or homicide	Date of
--------------------------------	---------

Where did injury occur?	(City or town)	(County)	(State)
-------------------------	----------------	----------	---------

Injured at home, farm, industry, public place (where?)	
--	--

Means of injury	Injured at work?
-----------------	------------------

23. SIGNATURE J. H. Hagg	M. D. or other
-----------------------------	----------------

Address Union Bridge	Date signed 12-28-47
-------------------------	----------------------

RECEIVED

JAN 7 1948

20 4 - 1

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

932 11201  
Reg. Diat. No. 134

### 1. PLACE OF DEATH:

County Fredrick  
City or town Rural, Emmitsburg, Md. R.D.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 75 years  
Hospital, institution, or street address where death occurred:  
  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Emmitsburg, Md. R.D.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Anna Marie Butler

### 3. (b) Social Security Number

4. Sex Fm 5. Color or race Negro 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife  
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1947 / 1872

8. AGE: Years 75 Months 1 Days 14 If less than one day  
.....hrs. ....min.

9. Birthplace Fredrick Co., Md.  
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Augusta Butler

13. Birthplace Fredrick Co., Md.

14. Maiden name Louise Hendrick

15. Birthplace Fredrick Co., Md.

16. Informant M. Marie Richardson

Address Emmitsburg, Md.

17. Burial Date thereof Dec 9, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Anthony Shrine Cemetery

Location Emmitsburg, Md.

18. Funeral director A. L. Allison

Address Emmitsburg, Md.

19. Dec 8 1947 M. F. Shuff  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1947 at 5A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to Dec 6 1947

and that I last saw him alive on Dec 5 1947

Immediate cause of death Arteriosclerotic cardiac  
vascular disease - several years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Castle M.D. or other

Address Emmitsburg Date signed 12-6-47

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 10 1947

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

State Highway Route 40-A

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 31 East Washington Street  
(If rural, give LOCATION)

2. (a) If veteran, name war.

None

### 3. (a) FULL NAME

CHARLES SAMUEL CALHOUN

### 3. (b) Social Security Number

214-09-2570

4. Sex M 5. Color or race W 6. (a) Single, married, ~~widowed~~, or divorced M

6. (b) Name of husband or wife Pauline Sutzter

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) February 1, 1886

8. AGE: Years 61 Months 10 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mount Crawford-Rockingham-Va.  
(Town, county, and state)

10. Usual occupation Insurance Agent

11. Industry or business Peoples Life Insurance Co.

12. Name James Calhoun

13. Birthplace Rockingham, Virginia

14. Maiden name Martha Crabill

15. Birthplace Rockingham County Virginia

16. Informant Mrs. C. S. Calhoun

Address 31 E. Washington St., Hagerstown

17. Burial 12/17/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director Andrew K. Coffman

Address Hagerstown, Maryland

19. 15 Dec 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1947 at 2:07 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him alive on Dec 14 1947

Immediate cause of death Fracture of skull compound fracture of left arm. Chest injury due to left chest. Street, Hagerstown

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12.14.47

Where did injury occur? Route 40A. Frederick Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40 A.

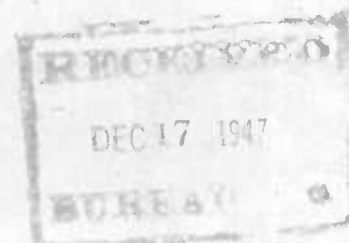
Mens of injury auto. accident Injured at work? no

23. SIGNATURE R. W. Baer M. D. or other Deputy Mcd Ex  
Address Frederick, Md. Date signed 12.14.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11203

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

State Highway Route -40A

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

JERRY LEON CROUSE

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) January 13, 1942

8. AGE:	Years	Months	Days	It less than one day
	<u>5</u>	<u>11</u>	<u>8</u>	..... hrs. .... min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Charles E. Crouse  
 13. Birthplace Frederick County Maryland

MOTHER  
 14. Maiden name Florabell Corun  
 15. Birthplace Frederick County Maryland

16. Informant Charles E. Crouse  
 Address R. F. D. #5, Frederick, Md.

17. Burial Date thereof 12/23/47  
 (Burial, cremation or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 22 Dec 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 47 at 1:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to ..... 19.....  
 and that I last saw him alive on December 21, 47

Immediate cause of death

Fracture of skull

DURATION

Immediate

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12.21.47  
 Where did injury occur? Route 40 & Frederick and  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Auto

Injured at work?

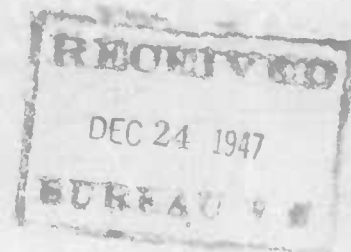
23. SIGNATURE

R. W. Bar

Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 12-21-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 11204  
139  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 8/22/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 8/22/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
City or town Edgewood  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 13 Baker St.  
(If rural, give LOCATION)  
2. (a) If veteran, name war ☒

## 3. (a) FULL NAME

Samuel M. Dean

## 3. (b) Social Security Number

212-12-9906

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower  
6. (b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) October 6, 1881 8. (c) If alive, give age \_\_\_\_\_ years  
8. AGE: Years 66 Months 2 Days 3 Is less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Taylor's Island, Maryland  
(Town, county, and state)  
10. Usual occupation Carpenter  
11. Industry or business  
12. Name William L. Dean  
13. Birthplace Taylor's Island, Md.  
14. Maiden name Lavinia Dunnock  
15. Birthplace Taylor's Island, Md.

16. Informant Mrs. Louise D. Satterfield (daughter)  
Address 13 Baker St., Edgewood, Maryland  
17. Removal Date thereof \_\_\_\_\_ (month) (day) (year)  
(Burial, cremation, or removal. Which?)  
Cemetery or crematory  
Location Cambridge, Md.  
18. Funeral director M. L. Creager & Son  
Address Thurmont, Maryland  
19. Dec. 10 19 47  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 19 47 at 9:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 22 19 47 to Dec. 9 19 47  
and that I last saw him alive on December 9 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 16 Mos.

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE R. W. Breen M. D. XXXX  
Address State Sanatorium, Md. Date signed 12/10/47

Registrar

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DEC 11 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certifier's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11205  
139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/10/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/10/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Velma Deck

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 8. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 2, 1922  
 8. AGE: Years 25 Months 9 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mercersburg, Pa.  
 (Town, county, and state)  
 10. Usual occupation Housekeeper  
 11. Industry or business \_\_\_\_\_

12. Name Joseph Deck  
 13. Birthplace Pennsylvania  
 14. Maiden name Goldie Deck  
 15. Birthplace Pennsylvania

16. Informant Miss Ethel Middlekauff  
 Address Hagerstown, Maryland

17. Burial Date thereof Dec. 11, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stonewall Hill Cem.  
 Location Fort Loudon, Pa.

18. Funeral director M. R. Cress & Son  
 Address Thurmont, Md.

19. Dec. 8 19 47  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 19 47 at 1:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 10 19 45 to Dec. 8 19 47  
 and that I last saw him alive on December 8 19 47

Immediate cause of death Lung Abscess DURATION 38 Mos.

~~XXXX~~ Pulmonary Tuberculosis 12 Mos.

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE [Signature] M. D. ~~XXXX~~  
 Address State Sanatorium, Md. Date signed 12/8/47

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DEC 10 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

11206

131a

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 4 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 109 College Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

EUGENE EDWARD DEVEREAUX

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

S

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

July 5, 1897

## 8. AGE:

Years

50

Months

5

Days

4

It less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Bookkeeper

## 11. Industry or business

12. Name Thomas E. Devereaux13. Birthplace Baltimore, Maryland14. Maiden name Ella Smith15. Birthplace Baltimore, Maryland16. Informant Vincent DeP. DevereauxAddress 109 College Ave., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal, which?)

Date thereof 12/11/47

(month) (day) (year)

Cemetery or crematory St. Johns CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10 Dec 1947

(Date rec'd by registrar)

Elizabeth H. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1947 at 12:20 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 8 - 1947 to Dec 9 - 1947  
and that I last saw him alive on Dec 9 1947

Immediate cause of death

DURATION

Cerebral Hemorrhage6 hours

Due to

Hypertension10 years

Due to

Cerebral Vascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Fahney

M. D.

Address Frederick, MarylandDate signed 12-10-47

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DEC 13 1947  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11247 137

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
 126 South Market Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 126 South Market Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

BERNARD JORDAN EADER

## 3. (b) Social Security Number

215-05-3729 A

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Blanche Goodman Eader  
 6. (c) If alive, give age 72 years  
 7. Birth date of deceased (mo., day, yr.) March 8-1872  
 8. AGE: Years 75 Months 8 Days 29 If less than one day hrs. min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation Retired  
 11. Industry or business Supt. Life Insurance Company  
 12. Name Augustus L. Eader  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Annie Mann  
 15. Birthplace Ohio

16. Informant Mrs. B. J. Eader  
 Address 126 S. Market St.-Frederick, Md.  
 17. Burial Date thereof Dec. 9-1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director C. E. Cline and Son  
 Address Frederick, Maryland

19. 9-Dec 1947 Elizabeth G. Hark  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7th, 1947 at 1 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1st, 1947 to Dec 7th, 1947 and that I last saw him alive on Dec 5th, 1947

Immediate cause of death Cardiac Dilatation  
 Due to Mitral Regurgitation  
 Due to Endocarditis secondary to Rheumatic Fever  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Robert S. Lyson  
 M. D. or other  
 Address Frederick, Md Date signed Dec 8/47

RECEIVED

DEC 10 1947

STREET 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11208

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:  
Frederick Memorial HospitalHow long in hospital or institution? 1 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 104 North Market Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3.(a) FULL NAME

MARY BARBARA EISENHAUER

## 3.(b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
-------------------------	----------------------------------	--

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) ? 1866

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>?</u>	<u>?</u>	_____hrs. _____min.

9. Birthplace Frederick, Maryland  
(Town, county, and state)10. Usual occupation Proprietress11. Industry or business China Store12. Name John Eisenhower13. Birthplace Alsace Lorraine, France14. Maiden name Margaret Whaner15. Birthplace Frederick, Maryland16. Informant Mrs. Ira J. McCurdyAddress Frederick, Maryland17. Burial Burial Date thereof December 15, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 13-Dec 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11th 1947 at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1947 to Dec 11 1947 and that I last saw her alive on Dec 11 1947Immediate cause of death Coronary occlusion

## DURATION

14 hrsDue to hypertension20 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. W. Baw M. D. or otherAddress Frederick Date signed 12-13-47

RECEIVED

DEC 17 1947

BUREAU V B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11269

Reg. Dist. No. 141

## 1. PLACE OF DEATH

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

413 2nd Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 413 2nd Ave.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John Hamilton Hahn Jr.

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Dec. 28<sup>th</sup> 1947

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

12. Name John H. Hahn  
 13. Birthplace Maryland

14. Maiden name Blanch Virginia Grye  
 15. Birthplace Virginia

16. Informant John H. Hahn  
 Address Brunswick Md.

17. Burial, cremation, or removal Which? Burial Date thereof Dec. 29, 1947  
 (month) (day) (year)

Cemetery or crematory Park Heights  
 Location Brunswick Md.

18. Funeral director C. H. Futo & Bro  
 Address Brunswick Md.

19. Dec. 29 19 47 Kathryn H. Brown  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 19 47 at 11:50 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28 19 47 to 19and that I last saw him alive on Dec. 28 19 47Immediate cause of death Asphyxia

## DURATION

Due to Asphyxia

Due to \_\_\_\_\_

Other conditions New born

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

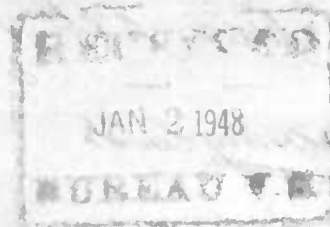
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE [Signature] M. D. or otherAddress Brunswick, Md. Date signed 12-29-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for the change of  
date of birth and the **MARYLAND STATE DEPARTMENT OF HEALTH**  
occupation of the deceased shown 2411 N. Charles St., Baltimore  
on G114 12/23/47 **CERTIFICATE OF DEATH** 1310

11210

Reg. Dist. No. 145

1. PLACE OF DEATH:  
County Frederick  
City or town Rural Smithsburg  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 weeks  
Hospital, institution, or street address where death occurred:  
  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md. County Frederick  
City or town Rural Smithsburg  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

3. (a) FULL NAME  
Archie D. Hays

3. (b) Social Security Number  
214-16-0541

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Roseleena Hays  
7. Birth date of deceased (mo., day, yr.) Jan. 14/18, 1903 6. (c) If alive, give age 40 years  
8. AGE: Years 44 Months 10 Days 19 It less than one day 8 hrs. min.

9. Birthplace Hallsville, Frederick Co. Md.  
(Town, county, and state)  
10. Usual occupation Welder  
11. Industry or business CARTENTER

MOTHER FATHER  
12. Name Oscar Hays  
13. Birthplace Hallsville  
14. Maiden name Rozzie Langman  
15. Birthplace Hallsville

16. Informant Roseleena Hays  
Address Smithsburg  
17. Burial Date thereof Dec. 13, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Lutheran Cemetery  
Location Hallsville

18. Funeral director Gladhill Co.  
Address Middletown Md.

19. Dec. 10 19 47 Edgar Bettle  
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Dec. 7 19 47 at 10:30 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 20th 19 47 to Dec. 7th 19 47  
and that I last saw him alive on Dec. 7th 19 47

Immediate cause of death Arteriosclerosis  
(Malignant Type) Renal Decomposition DURATION 3 mos +

Due to Hypertension  
Arteriosclerosis 2 yrs +

Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Frank F. Shupp, MD  
M. D. or other  
Address 1042 D. Blomac St. Hagerstown Md. Date signed 12/9/47

MARGIN RESERVED FOR BINDING

I

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*Handwritten text, possibly "Bureau of..."*

RECEIVED

DEC 12 1947

RECEIVED



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11211  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Years  
 Hospital, institution, or street address where death occurred:  
213 East Sixth Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 213 East Sixth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

LEWIS WILLIAM HEFFNER

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6.(b) Name of ~~husband~~ or wife Della G. Cooper  
 7. Birth date of deceased (mo., day, yr.) February 2, 1899 6.(c) If alive, give age 42 years  
 8. AGE: Years 48 Months 10 Days 7 It less than one day hrs. min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation Operated Own Garage  
 11. Industry or business

12. Name Elmer U. Heffner  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Florence Sulcer  
 15. Birthplace Frederick County Maryland

18. Informant Mrs. Della Heffner  
 Address 213 E. 6th St., Frederick, Md.

17. Burial Date thereof 12/12/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or ~~crematory~~ Mount Olivet Cemetery  
Frederick, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 10 Dec 1947 Elizabeth G. Heffner  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1947 at 1 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1946 to Dec 9 to 1947  
 and that I last saw him alive on Dec 9 to 1947  
 Immediate cause of death Pneumonia & Tuberculosis  
 Due to Both listed  
 Due to Both listed  
 Other conditions Both listed  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Manner of injury Injured at work?

23. SIGNATURE Frank H. Heffner M. D.  
Frederick, Maryland M. D. or other  
 Address..... Date signed 12-10-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 11 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11212

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FredrickCity or town Fredrick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Born here

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Romney  
(If outside city or town limits, write RURAL and give nearest town)Street No. 13 W 62  
(If rural, give LOCATION)2.(a) If veteran, name war C

## 3. (a) FULL NAME

Claude Franklin Heflin Jr

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Infant

## 6. (b) Name of husband or wife

6. (c) If alive, give age — years

## 7. Birth date of

deceased (mo., day, yr.)

Dec. 5<sup>th</sup> 1947

## 8. AGE:

Years

Months

Days

If less than one day

0 0 2 12 hrs. 30 min.

## 9. Birthplace

(Town, county, and state)

Maryland

## 10. Usual occupation

None

## 11. Industry or business

None

## 12. Name

Claude Franklin Heflin Sr.

## 13. Birthplace

West Virginia

## 14. Maiden name

Frances Louise Toulton

## 15. Birthplace

Virginia

## 16. Informant

Mary R. Toulton

## Address

Burrville Md.

## 17. Burial

(Burial, cremation, or removal of body)

Reformed

## Cemetery or crematory

Burrville Md.

## 18. Funeral director

E. A. Futy & Son

## Address

Brunswick Md.

## 19. 9-Dec

(Date rec'd by registrar)

19 47 Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 19 47 at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 5 19 47 to Dec 8 19 47and that I last saw him alive on December 5 19 47

## Immediate cause of death

As physician's diagnosisCardiac in origin

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

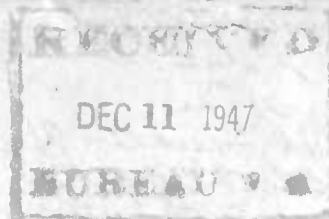
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Howard W. Ah M.D.Address Fredrick MdDate signed 12/8/47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

940

11213

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
838 North Market Street  
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 838 North Market Street  
(If rural, give LOCATION)  
None  
2.(a) If veteran, name war.....

3. (a) FULL NAME GEORGE BROSS HOKE  
3. (b) Social Security Number None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M  
6.(b) Name of husband or wife Mildred R. Smith  
6.(c) If alive, give age 46 years  
7. Birth date of deceased (mo., day, yr.) November 11, 1872  
8. AGE: Years 75 Months 0 Days 25 If less than one day .....hrs. ....min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)  
10. Usual occupation Insurance Agent  
11. Industry or business .....

12. Name George Hoke  
13. Birthplace York County Pennsylvania  
14. Maiden name Catherine Bross  
15. Birthplace York County Pennsylvania  
16. Informant Mrs. Mildred Hoke  
Address 838 N. Market St., Frederick, Md.  
17. Burial Date thereof 12/8/47  
(Burial, cremation, or other final disposition) (month) (day) (year)  
Cemetery or crematorium Mount Olivet Cemetery  
Frederick, Maryland  
Location .....

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland  
19. 8 Dec 19 47 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
20. DATE OF DEATH December 5th 19 47 at 11:30P M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....  
and that I last saw him in DEAD December 5, 19 47  
Immediate cause of death ..... DURATION immediate  
Coronary Occlusion  
Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)  
Major findings of operations ..... Date of op. ....  
Autopsy results .....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ..... Date of .....  
Where did injury occur? ..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) .....  
Means of injury ..... Injured at work?  
P. W. Ban Deputy Medical Examiner  
23. SIGNATURE P. W. Ban M. D. or other  
Address Frederick, Maryland Date signed 12-5-47

MARGIN RESERVED FOR BINDING

I

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

11214

131

## CERTIFICATE OF DEATH

Reg. Diat. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #2  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Flint Hill  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

CATHERINE VIRGINIA HOLLAND

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Irvin P. Holland

7. Birth date of deceased (mo., day, yr.)

May 20, 1903

6. (c) If alive, give age

45 years

8. AGE:

Years

Months

Days

If less than one day

4471

hrs.

min.

9. Birthplace Flint Hill-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

John A. Lee

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Annie Gibson

15. Birthplace

Frederick County Maryland

16. Informant

Irvin P. Holland

Address

Flint Hill, Maryland

17. Burial

Date thereof 12/24/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hope Hill Cemetery

Location

Near Urbana-Frederick Co., Md.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

22 Dec 1947

1947

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1947, at 4:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 6 1947, to Dec 21 1947and that I last saw him alive on Dec 21 1947

Immediate cause of death

DURATION

Pulmonary Embolism1 hr.

Due to

Due to

Other conditions

Ruptured Appendixes  
Diabetic Mellitus  
(Include pregnancy within 3 months of death)

Major findings of operations

Appendix removed with  
Cerclage Date of op. Dec 9, 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. G. Pearce, M.D.  
Frederick, Md. Date signed 12/24/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 11215  
 Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County **State Sanatorium, Maryland**  
 City or town **(if outside city or town limits, write RURAL and give nearest town)**  
 How long in above place of death? **Since 10/23/47**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 10/23/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Howard**  
 City or town **Clarksville**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Louise Isaac

## 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**  
 6. (b) Name of husband ~~xxx~~ **Oliver Isaac**  
 7. Birth date of deceased (mo., day, yr.) **November 7, 1925**  
 8. AGE: Years **22** Months **0** Days **28** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Virginia**  
 (Town, county, and state)  
 10. Usual occupation **Housewife**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Garnet Spicer**  
 13. Birthplace **North Carolina**  
 14. Maiden name **Catherine Rooks**  
 15. Birthplace **Virginia**  
 16. Informant **Deceased**

Address \_\_\_\_\_  
 17. **Burial** Date thereof **Dec. 8, 1947**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or place of interment **Linthicum Chapel**  
 Location **Clarksville, Maryland**  
 18. Funeral director **F. C. Higinbothorn**  
 Address **Ellicott City, Maryland**  
 19. **Dec. 8** 19 **47**  
 (Date rec'd by registrar) Registrar *[Signature]*

## MEDICAL CERTIFICATION

20. DATE OF DEATH **December 5** 19 **47** at **3:20 P.M.**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**October 23** 19 **47** to **Dec. 5** 19 **47**  
 and that I last saw him alive on **December 5** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis**  
 DURATION **5 Yrs.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

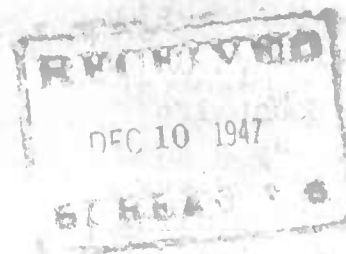
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE *R. B. Breen* M. D. ~~xxxx~~  
 Address **State Sanatorium, Md.** Date signed **12/8/47**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

11216

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: *Fredrick*  
 County.....*Brunswick*  
 City or town.....*H8*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*48*  
 Hospital, institution, or street address where death occurred:  
*918 East A. St.*  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Maryland* County.....*Fredrick*  
 City or town.....*Brunswick*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....*918 East A.*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Charles Edward Jacobs*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Married*  
 6.(b) Name of husband or wife *Minnie N. Starks*  
 7. Birth date of deceased (mo., day, yr.) *Sept 28 1875* 6.(c) If alive, give age *57* years  
 8. AGE: Years *75* Months *2* Days *25* If less than one day  
 .....hrs. ....min.

9. Birthplace *Maryland*  
 (city, county, and state)  
 10. Usual occupation *B. & O. R. Engineer Retired*  
 11. Industry or business *Transportation*  
 FATHER 12. Name *William Edward Jacobs*  
 13. Birthplace *Maryland*  
 MOTHER 14. Maiden name *Susan Mae Monroden*  
 15. Birthplace *Maryland*

16. Informant *Mrs. Minnie N. Jacobs*  
 Address *Brunswick Md.*  
 17. *Burial* Date thereof *Dec 26 1947*  
 (Burial, cremation, or removal? Which?) (month) (day) (year)  
 Cemetery or crematory *Park Heights*  
 Location *Brunswick Md.*  
 18. Funeral director *G. H. Fute & Bro*  
 Address *Brunswick Md.*  
 19. *Dec 26* 19 *47* *Kathryn H. Brown*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 23 1947* at *8:45 AM*  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*Nov 10 1947* to *Dec 23 1947*  
 and that I last saw him alive on *Dec 19 1947*  
 Immediate cause of death *Uremia*

DURATION  
 Due to *Bright's disease*  
 Due to *Arteriosclerosis*  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?

23. SIGNATURE.....  
 Address *1411 St Brunswick Md* Date signed *12-24-47*  
 M. D. or other

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JAN 2 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11217

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 87 yrs.

Hospital, institution, or street address where death occurred:

Fredrick Memorial HospitalHow long in hospital or institution? 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Vickerson  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Jamison, Mr. Charles C.

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Bess Margaret Jamison7. Birth date of deceased (mo., day, yr.) April 8 - 18606. (c) If alive, give age 78 years8. AGE: Years 87 Months 8 Days 16 hrs. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Urban, Ind. Co. Md.  
(Town, county, and state)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name Alexander Jamison13. Birthplace Maryland14. Maiden name Peresh Harding15. Birthplace Maryland16. Informant Charles JamisonAddress Vickerson, Md.17. Burial Burial Date thereof 12-27-47  
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory St. Mary's CatholicLocation Barneville Md.18. Funeral director Tom B. HistonAddress Barneville Md.19. 26 Dec 19 47 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 19 47 at 7:15 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 19 47, to Dec. 27 19 47and that I last saw him alive on Dec. 27 19 47

Immediate cause of death \_\_\_\_\_

DURATION 10 daysBroncho-Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cystitis, acute heartDisease

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Ouse, M.D.

M. D. or other \_\_\_\_\_

Address Fredrick, Md. Date signed 12/27/47

RECEIVED

DEC 29 1947

BUREAU

Evidence for the change of year  
of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11218

FILM No. G 113 DEC 15 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue  
How long in hospital or institution? Since March 30, 1942

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 125 West Fourth Street  
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

ANNIE A. KEFAUVER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife M. Calvin Kefauver

6.(c) If alive, give age                      years

7. Birth date of deceased (mo., day, yr.) February 7, 1895 / 1959

8. AGE: Year 89 Months 9 Days 26 If less than one day                      hrs.                      min.

9. Birthplace Harford County Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business                     

FATHER 12. Name John H. Rummell

13. Birthplace Germany

MOTHER 14. Maiden name Sarah Holland

15. Birthplace Germany

16. Informant Montevue Records

Address Frederick, Maryland - Rural

17. Burial                      Date thereof 12/6/47  
(Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Middletown, Maryland

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 8 Dec 19 47 Elizabeth H. Hech  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3rd, 1947 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 46, to Dec 3 19 47  
and that I last saw him alive on Dec 3 19 47

Immediate cause of death Coronary Thrombosis DURATION 1 hour

Due to                     

Due to                     

Other conditions                     

(Include pregnancy within 3 months of death)

Major findings of operations                     

Date of op.                     

Autopsy results                     

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                      Date of                     

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)                     

Means of injury                      Injured at work?                     

23. SIGNATURE Bernard Kinross Jr. M. D.

Address Frederick, Maryland Date signed 12-5-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





85-  
57  
11964

1947  
1855  
62



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11219

131

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:  
7 Rosemont Avenue

How long in hospital or institution? .....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7 Rosemont Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

DELLA MAY KUHN

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Philip T. Kuhn

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) December 7, 1871

8. AGE:	Years	Months	Days	It less than one day
	<u>76</u>	<u>0</u>	<u>1</u>	.....hrs. ....min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation At Home

### 11. Industry or business

FATHER 12. Name George L. Stull

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Hannah Young

15. Birthplace Frederick County Maryland

16. Informant Philip T. Kuhn

Address 7 Rosemont Ave., Frederick, Md.

17. Burial 12/11/47

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Frederick, Maryland

Location .....

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 10 Dec 1947 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 8th 1947 at 9:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 October 1946 to 8 December 1947

and that I last saw him alive on 8 December 1947

Immediate cause of death .....

DURATION

Coronary Thrombosis 1 year

Due to arteriosclerotic heart disease 3 yrs

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Charles H. Conley, Jr. M. D.

Frederick, Maryland M. D. or other

Address Frederick, Maryland Date signed 12-10-47

MARGIN RESERVED FOR BINDING

I

VS A15

9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED

DEC 11 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11220

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution or street address where death occurred.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.).....

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

(about) 70

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17.

(Burial, cremation, or removal) (Which?).....

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

19.

(Date rec'd by registrar)

1947

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Dec 14 1947 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him 17 days alive on Dec 14 1947

Immediate cause of death.....

third degree burn of  
arms & trunk  
gasoline fire

DURATION

4 days

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide.....

Date of 12-10-47

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

gasoline fire

Injured at work?.....

23. SIGNATURE.....

R. W. Beechey M.D.

Address.....

Frederick, Md

Date signed.....

12-14-47

RECEIVED

DEC 19 1947

ST. PAUL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11221

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County... *Frederick*City or town... *Middletown*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... *18 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Md.* County... *Frederick*City or town... *Middletown*  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2. (a) If veteran, name war... *no*

## 3. (a) FULL NAME

*Jennie Gertrude Lighter*

## 3. (b) Social Security Number

*none*4. Sex... *female*5. Color or race... *white*6. (a) Single, married, widowed, or divorced... *widowed*

6. (b) Name of husband or wife...

7. Birth date of deceased (mo., day, yr.)... *Dec. 14, 1867*

6. (c) If alive, give age... years

8. AGE: Years... *79* Months... *11* Days... *27* It less than one day... hrs. ... min.9. Birthplace... *Middletown, Frederick Co., Md.*  
(Town, county, and state)10. Usual occupation... *Housewife*

11. Industry or business

12. Name... *Daniel Sanner*13. Birthplace... *Middletown*14. Maiden name... *Elmyra Young*15. Birthplace... *Middletown*16. Informant... *Edward Lighter*Address... *Middletown, Md.*17. *Burial* Date thereof... *Dec. 14, 1947*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... *Reformed Cemetery*Location... *Middletown, Md.*18. Funeral director... *Gladhill Co.*Address... *Middletown, Md.*19. *Dec. 14* 19 *47* *Marie Gladhill*  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... *Dec 11* 19 *47* at *10:50* A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec 7* 19 *47* to *Dec 11* 19 *47* and that I last saw him *on* alive on *Dec 11* 19 *47*

Immediate cause of death...

DURATION

Due to... *Cerebral Hemorrhage* *5 days*

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ....

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

23. SIGNATURE... *J. E. Harp Md*

M. D. or other

Address... *Middletown* Date signed... *12-12-47*

RECEIVED  
DEC 23 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11222

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred:

728 North Market Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 728 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ELMER EUGENE LONG, SR.

## 3. (b) Social Security Number

4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Bertha Mae Gerrich6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) July 23, 18898. AGE: Years 58 Months 4 Days 15 It less than one day hrs. min.9. Birthplace Walkersville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Porter11. Industry or business Tivoli TheaterFATHER 12. Name John Long13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Nancy Smith15. Birthplace Frederick County Maryland16. Informant Mrs. Bertha LongAddress 728 N. Market St., Frederick, Md.17. Burial Date thereof 12/10/47  
(Burial, cremation, or removal, which?) (month) (day) (year)Cometary or crematory Mount Hope CemeteryLocation Woodsboro, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 Dec 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1947 at 8:20 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8 1947 to Dec 8 1947 and that I last saw him alive on Dec 8 1947Immediate cause of death Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Sturges M. D.Address Frederick, Maryland Date signed 12-9-47

RECEIVED

DEC 10 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11223

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

Beautiful Nursing Home 708 N. Market St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Burkittsville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Hannah Elizabeth Magaha

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

George William Magaha7. Birth date of deceased (mo., day, yr.) June 28 18598. AGE: Years 88 Months 5 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Virginia  
(City, town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name John William S.13. Birthplace Virginia14. Maiden name Spring15. Birthplace Virginia18. Informant Serving General MagahaAddress Burkittsville Md.17. Burial, cremation or removal of body Burial Date thereof Dec. 15, 1947  
(month) (day) (year)Cemetery or crematory ReformedLocation Burkittsville Md.18. Funeral director C. H. Quiter BroAddress Brunswick Maryland19. 14 Dec 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1947 at 8<sup>46</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 9 1947, to Dec 12 1947and that I last saw him alive on Dec 11 1947

Immediate cause of death

Broncho pneumonia

DURATION

2 Days

Due to

Senility and advanced arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

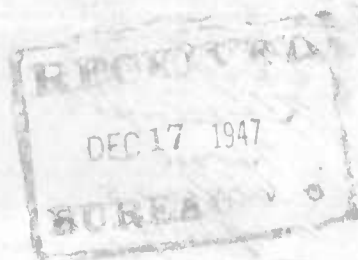
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE G. I. Price M. D. or otherAddress Jefferson Md Date signed 12/15/47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 Years  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution? 4 Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
Rural (Frederick)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2(a) If veteran, name war \_\_\_\_\_ None

### 3. (a) FULL NAME

Marino, Mrs Lucy L.

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Samuel Marino

7. Birth date of deceased (mo., day, yr.) May 2, 1881 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 66 Months 7 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Philadelphia, Pennsylvania  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER 12. Name Peter Lion  
13. Birthplace Italy  
MOTHER 14. Maiden name Catherine Montimore  
15. Birthplace Italy

16. Informant Miss Rose Marino  
Address Frederick, Md., R. F. D. #2

17. Burial (Burial, cremation, or removal, whichever) Date thereof December 20, 1947  
(month) (day) (year)  
Cemetery or crematory St. Johns Cemetery  
Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
Address Frederick, Maryland

19. 19 Dec 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 19 47 at 11:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 19 47 to Dec. 17 19 47  
and that I last saw her alive on Dec. 17 19 47  
Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Bronch - Pneumonia 4 days

Due to \_\_\_\_\_  
Due to Dysphagia Mellitus

Other conditions Sky postumous blood  
Dissect  
(Include pregnancy within 3 months of death)

Major findings of operations none  
Date of op. \_\_\_\_\_

Autopsy results none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

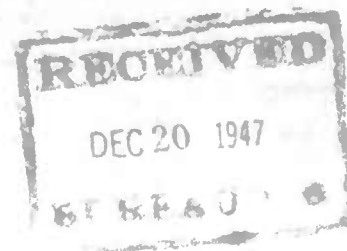
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE A. A. Goss M.D. M. D. or other \_\_\_\_\_  
Address Frederick, Md. Date signed 12/17/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11225

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

NO

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James William McCarney

## 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Harriette Wilhide

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) January 25, 18728. AGE: Years 75 Months 10 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Arnsville, Adams Co., Pa.  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John McCarney13. Birthplace Penna.14. Maiden name Sarah Oyler15. Birthplace Penna.16. Informant Mrs. Ross WilhideAddress Thurmont, Md.17. Burial Date thereof Dec. 17, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United BrethrenLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Dec. 17 19 47 Blanchie S. Eyles

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1947 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 8 19 47 to Dec. 15 19 47and that I last saw him alive on Dec. 10 19 47

Immediate cause of death

Coronary Occlusion

DURATION

Sudden

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Geo. K. Gray M.D.

M. D. or other

Address Thurmont, Md. Date signed 12/16/47

RECEIVED  
DEC 18 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 years  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 241 East Church Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Walter Hiram Aubert McDannel

## 3. (b) Social Security Number

712-14-2259

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Nellie Alberta Williams  
 6. (c) If alive, give age 55 years  
 7. Birth date of deceased (mo., day, yr.) April 10-1882  
 8. AGE: Years 65 Months 7 Days 23 If less than one day  
 .....hrs. ....min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation Car Service Agent  
 11. Industry or business Rail Road  
 12. Name Abram S. McDannel  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Mary Lizzie Aubert  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Walter H. A. McDannel  
 Address 241 E. Church St.-Frederick, Md.  
 17. Burial (Burial, cremation, or removal. When?) Date thereof Dec. 5-1947  
 (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director C.E. Cline and Son  
 Address Frederick, Maryland  
 19. 4 Dec 19 47 Elizabeth B. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 19 47 at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 19 47 to Dec 3 19 47  
 and that I last saw him/her alive on Dec 3 19 47

Immediate cause of death Carcinoma of prostate with metastasis  
 Due to Carcinoma of prostate with metastasis  
 Due to Carcinoma of prostate with metastasis  
 Other conditions Carcinoma of prostate with metastasis  
 (Include pregnancy within 3 months of death)

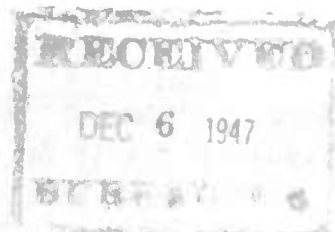
Major findings of operations Carcinoma of prostate with metastasis  
 Date of Dec 1-47  
 Autopsy results Carcinoma of prostate with metastasis  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Carcinoma of prostate with metastasis Date of Dec 3-47  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Carcinoma of prostate with metastasis injured at work?

23. SIGNATURE Ed Thomas M. D. or other  
 Address Frederick Md Date signed Dec 4-47

11226

5167



*W. E. P. Thomas*



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11227

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town..... **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 10/22/47**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 10/22/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County.....  
 City or town..... **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **1601 Rosedale St.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME **Ollie Mettam**  
 3. (b) Social Security Number **217-01-0933**

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widower**  
 6.(b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) **December 19, 1881**  
 8. AGE: Years **66** Months **0** Days **1** If less than one day  
 .....hrs. ....min.

9. Birthplace..... **Baltimore, Maryland**  
 (Town, county, and state)  
 10. Usual occupation..... **Marker**  
 11. Industry or business.....  
 12. Name..... **Joseph F. Mettam**  
 13. Birthplace..... **Pikesville, Maryland**  
 14. Maiden name..... **Julia Eunick**  
 15. Birthplace..... **Cambridge, Maryland**  
 16. Informant..... **Deceased**

Address.....  
 17. **Burial** Date thereof **Dec. 23, 1947**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory **Druid Ridge Cem.**  
 Location **Baltimore, Md.**  
 18. Funeral director..... **Harry R. Wistka**  
**M. I. Greager & Son**  
**4401 Edmondson Ave. Balto.**  
 Address **Thurmont, Maryland**

19. **Dec. 20** 19 **47** **Mr. G. B. Lyon**  
 (Date rec'd by registrar) **Reg.**

### MEDICAL CERTIFICATION

20. DATE OF DEATH **December 20** 19 **47** at **4:40A.M.**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**October 22** 19 **47** to **Dec. 20** 19 **47**  
 and that I last saw him alive on **December 20** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis**  
 DURATION **8 Mos.**

Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results **As above**  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE **R. W. Breen** M. D. **XXXX**  
 Address **State Sanatorium, Md.** Date signed **12/20/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 22 1947  
BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11228

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Lifetime  
 Hospital, institution, or street address where death occurred:  
 13 Hamilton Avenue  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Frederick (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Shookstown  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... None

3. (a) FULL NAME  
 Mrs. Alice Malinda Miss

3. (b) Social Security Number  
 None

4. Sex..... Female  
 5. Color or race..... White  
 6. (a) Single, married, widowed, or divorced..... Widowed  
 6. (b) Name of husband or wife..... Martin Luther Miss  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... May 30-1864  
 8. AGE: Years..... 83 Months..... 6 Days..... 27 If less than one day..... hrs. .... min.

9. Birthplace..... Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation..... Housekeeper  
 11. Industry or business.....

12. Name..... Ernest P. Kline  
 13. Birthplace..... Frederick County Maryland  
 14. Maiden name..... Catherine M. Measell  
 15. Birthplace..... Frederick County Maryland

16. Informant..... Ira V. Miss  
 Address..... 13 Hamilton Avenue-Frederick, Md.

17. Burial..... Date thereof..... Dec. 30-1947  
 (Burial, cremation, or removal. When?) (month) (day) (year)  
 Cemetery or crematory..... Mount Olivet Cemetery  
 Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline and Son  
 Address..... Frederick, Maryland

19. 29-Dec 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 27th 1947 at 11:45a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Dec. 22 1947 to Dec 27 1947  
 and that I last saw him alive on Dec 27 1947

Immediate cause of death..... Chronic myocardial  
 with coronary  
 Due to.....  
 Due to.....

## DURATION

2 yrs +  
 5 days

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Manner of injury..... Injured at work?

23. SIGNATURE.....  
 Address..... Frederick Md Date signed..... 12/29/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 30 1947  
BUREAU

*W. B. & Thomas Co.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

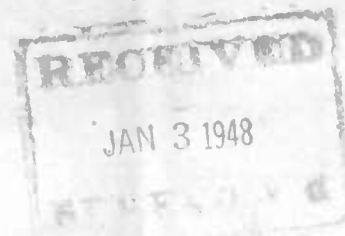
## CERTIFICATE OF DEATH

11229

Reg. Dist. No.

137

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Libertytown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Libertytown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war	
<b>3. (a) FULL NAME</b> <u>HARRY T. MONSHAUR</u>		<b>3. (b) Social Security Number</b>	
<b>4. Sex</b> <u>Male</u>	<b>5. Color or race</b> <u>White</u>	<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>	
<b>6. (b) Name of husband or wife</b> <u>Nellie C. Monshaur</u>			
<b>6. (c) If alive, give age</b> <u>53</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Oct. 15, 1883</u>			
<b>8. AGE:</b> Years <u>64</u> Months <u>2</u> Days <u>11</u> If less than one day _____ hrs. _____ min.	<b>Frederick Co. Maryland</b> (Town, county, and state) <b>Mail Carrier</b> <b>retired</b>		
<b>10. Usual occupation</b>			
<b>11. Industry or business</b>			
<b>FATHER</b> <b>MOTHER</b>	<b>12. Name</b> <u>William O. Monshaur</u>		
	<b>13. Birthplace</b> <u>Maryland</u>		
	<b>14. Maiden name</b> <u>Mary E. Waltz</u>		
<b>15. Birthplace</b> <u>Maryland</u>			
<b>16. Informant</b> <u>Mrs. Nellie C. Monshaur</u> Address <u>Libertytown, Md.</u>			
<b>17. Burial</b> <u>Central</u> Date thereof <u>12-29-47</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Frederick Co. Maryland</u> Location <u>C.M. Waltz</u>			
<b>18. Funeral director</b> <u>Winfield, Md.</u> Address			
<b>19. 12-29 47</b> (Date rec'd by registrar)			
<b>20. DATE OF DEATH</b> <u>Dec. 26, 47</u> at <u>7A</u> M			
<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Feb - 25 -</u> to <u>Dec - 25 -</u> 19 <u>47</u> and that I last saw him alive on <u>Dec - 25 -</u> 19 <u>47</u> Immediate cause of death <u>Carcinoma of Lower Left Jaw</u> Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
<b>23. SIGNATURE</b> <u>Otis B. Stone M.D.</u> <u>Libertytown, Md.</u> M. D. or R. N. Address Date signed <u>Dec. 26 47</u>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93e

11230

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 2 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Knoxville-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Petersville

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ADA C. MORRISON

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

C

## 6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Lewis E. Morrison

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

Unknown

## 8. AGE:

Years

Months

Days

If less than one day

Unk. ?

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

B. Birthplace Jefferson-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

FATHER 12. Name William Brooks  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Catherine House  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Charles JacksonAddress Knoxville, Md. - Rural

17. Burial Date thereof 12/6/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory A. M. E. CemeteryLocation Petersville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 5 Dec 1947 Elizabeth L. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1947 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 18 1947 to Dec 3 1947  
 and that I last saw her alive on Dec 3 1947

Immediate cause of death

Myocardial decompensation

DURATION

2 wks

Due to hypertension of  
colloid cystic goiter

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

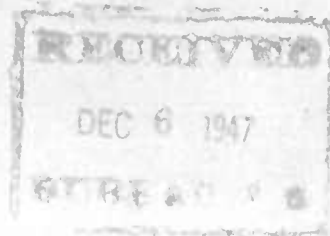
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? Yes23. SIGNATURE Jefferson W. Price M. D. or other

Address Jefferson W. Price Date signed 12/3/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

11231  
131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick  
(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

VIRGIE MONTROSE MOWRY

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 8, 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>5</u>	..... hrs. .... min.

9. Birthplace Bedford, Pennsylvania  
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER 12. Name John A. Mowry  
13. Birthplace Bedford, Pennsylvania

MOTHER 14. Maiden name Eliza V. Sigafosse  
15. Birthplace Ohio

16. Informant Mrs. Edward D. Shriner  
Address R.F.D.#1, Frederick, Md.

17. Burial Date thereof 12/16/47  
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Bedford Cemetery  
Location Bedford, Pennsylvania  
M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
Address

19. 15 Dec 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1947 at 2:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 1947 to Dec 13 1947  
and that I last saw him alive on Dec 13 1947

Immediate cause of death

DURATION

Acute Coronary Thrombosis 3 days  
Due to

Arteriosclerosis  
Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Scarre

M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-15-47

RECEIVED  
DEC 17 1947  
BIBLIOGRAPHIC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11232

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
Fred. City Hospital  
 How long in hospital or institution? 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 15 - West South Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Henry Howard

## 3. (b) Social Security Number

214-09-9467A

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nancy C. Much

7. Birth date of deceased (mo., day, yr.) August 22, 1876

8. AGE: Years 71 Months 4 Days 3 If less than one day hrs. min.

9. Birthplace Mt. Lema Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Stone cutter

11. Industry or business Marble Company

12. Name Abraham Much

13. Birthplace Wash. Co. Md.

14. Maiden name Elizabeth Ann Welty

15. Birthplace Wash. Co. Md.

16. Informant Mrs. Nancy C. Much

Address 15 - W. South St. Frederick Md.

17. Burial Date thereof Dec 28, 1947  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Lema Cemetery

Location Mt. Lema Md.

18. Funeral director Chas J. Bast & Sons

Address Boonsboro Md.

19. 26 Dec 47 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1947 at 3 40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23, 1947 to December 25, 1947 and that I last saw him alive on December 25, 1947

Immediate cause of death Bronchopneumonia - DURATION 3 days

Due to C coronary thrombosis 4 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Quarre, M.D. M. D. or other

Address Frederick, Md. Date signed 12/25/47

RECEIVED

DEC 30 1947

BT 135 A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

11233

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 9 weeks  
 Hospital, institution, or street address where death occurred:  
 Frederick Memorial Hospital  
 How long in hospital or institution?..... 9 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Mt. Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

GERTRUDE E. MULLINIX

## 3. (b) Social Security Number

4. Sex..... Female  
 5. Color or race..... White  
 6. (a) Single, married, widowed, or divorced..... Widowed  
 6. (b) Name of husband or wife..... Francis E. Mullinix  
 deceased  
 7. Birth date of deceased (mo., day, yr.)..... Oct. 22, 1866  
 6. (c) If alive, give age..... years  
 8. AGE: Years..... 81 Months..... 1 Days..... 19  
 It less than one day..... hrs. .... min.

9. Birthplace..... Howard Co. Maryland  
 (Town, county, and state)  
 10. Usual occupation..... None

## 11. Industry or business

FATHER 12. Name..... Charles Smith  
 13. Birthplace..... Maryland  
 MOTHER 14. Maiden name..... Sarah A. Becraft  
 15. Birthplace..... Maryland

16. Informant..... Mrs. William Murray  
 Address..... Mt. Airy, Md.

17. Burial..... Burial Date thereof..... 12-14-47  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory..... Howard Chapel  
 Location..... Long Corner, Howard Co. Md.

18. Funeral director..... C. M. Waltz  
 Address..... Winfield, Md.

19. Dec. 13, 1947 Elizabeth B. Hock  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 11, 1947, at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 8, 1947, to Dec. 11, 1947, and that I last saw him alive on December 11, 1947.

Immediate cause of death..... Cerebral Hemorrhage  
 DURATION.....

Due to..... Bronchopneumonia

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

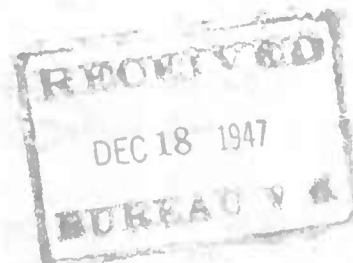
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... A. A. Curran M.D.  
 M. D. or other

Address..... Frederick, Md. Date signed..... 12/11/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11234

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 29 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Carroll St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Lenore Blanche Nicodemus.

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 5, 1876 6. (c) If alive, give age..... years

8. AGE: Years 71 Months 11 Days 27 If less than one day  
 hrs. min.

9. Birthplace Frederick Co., Md.  
 (Town, county, and state)  
Housework

10. Usual occupation

11. Industry or business

12. Name Morgan Myers Nicodemus13. Birthplace Frederick County, Md.14. Maiden name Ellen Jeanette Thomas15. Birthplace Frederick Co., Md16. Informant Miss Mabel Nicodemus

Address Thurmont, Md.

17. Burial Date thereof Dec. 4, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Linganore Cemetery

Location Unionville, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Dec. 4 19 47 Blanche S. Eyles  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 10 19 47 to December 2 19 47

and that I last saw him alive on December 1 19 47

Immediate cause of death

Cerebral hemorrhage DURATION 3 days

Due to Hypertension

Due to Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Bishop M. D. or other

Address Thurmont, Md. Date signed 12/3/47

RECEIVED  
DEC 5 1947  
BUREAU



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11235

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since September, 1946  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution? Since December 3, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 104 Clarke Place  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
HERMAN WILLIAM ORDEMAN

3. (b) Social Security Number  
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
6. (b) Name of husband or wife Clara Elizabeth Bowers  
6. (c) If alive, give age 59 years  
7. Birth date of deceased (mo., day, yr.) July 31, 1888

8. AGE: Years 59 Months 5 Days 0 If less than one day  
.....hrs. ....min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Daniel T. Ordeman  
13. Birthplace Frederick County Maryland  
MOTHER 14. Maiden name Edith Best  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Herman W. Ordeman  
Address Frederick, Maryland

17. Burial Date thereof 1/3/48  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
Address

19. 2 Jan 19 48 Elizabeth G. Hall  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1947 to Dec. 31, 1947  
and that I last saw him alive on Dec. 31, 1947

Immediate cause of death Ant. Coronary Thrombosis DURATION 1 day  
Due to

Due to Myocardial Infarction  
Other conditions Diabetes 1 yr.  
(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. none  
Autopsy results none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

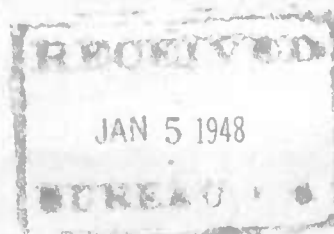
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D. M. D. or other  
Address Frederick, Md. Date signed 12/31/47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11236

Reg. Dist. No.

145

### 1. PLACE OF DEATH:

County Frederick

City or town Myersville Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Myersville Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Sarah Jane Palmer

### 3. (b) Social Security Number

4. Sex female 5. Color or race white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1947

8. AGE: Years \_\_\_\_\_ Months 1 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Myersville, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Glenn H. Palmer

13. Birthplace Bronsbors, Md.

14. Maiden name Anna May Wise

15. Birthplace Middletown Md.

16. Informant Glenn H. Palmer

Address Myersville, Md.

17. Burial Date thereof Dec. 27, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory U. B. Cemetery

Location Myersville Md.

18. Funeral director Gladhill Co.

Address Middletown Md.

19. Dec 27 1947 Edgar Pettit  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1947 at 4:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 3 1947 to Dec 26 1947

and that I last saw him alive on Dec 24 1947

Immediate cause of death \_\_\_\_\_

DURATION

Bronchial Pneumonia 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pertussis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. H. Corp Md.

M. D. or other

Address Middletown Date signed 12-26-47

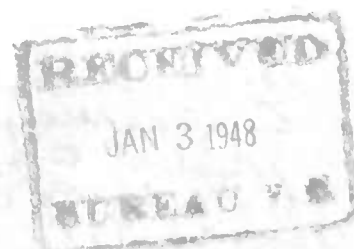
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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The completed age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

11237

93d

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital  
 How long in hospital or institution? Since December 30, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 20 East Sixth Street  
 (If rural, give LOCATION)  
None

2.(a) If veteran, name war

## 3. (a) FULL NAME

JOSEPH WILLIAM REESE

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

C

## 6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife Margaret Molesworth6. (c) If alive, give age 63 years

## 7. Birth date of

deceased (mo., day, yr.)

October 1, 1872

## 8. AGE:

Years

Months

Days

It less than one day

75230

hrs.

min.

9. Birthplace Columbus, Georgia

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

FATHER

## 12. Name

Unknown

## 13. Birthplace

Unknown

MOTHER

## 14. Maiden name

Unknown

## 15. Birthplace

Unknown

## 16. Informant

Mrs. Margaret Reese

## Address

20 E. 6th St., Frederick, Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

1/3/48

(month) (day) (year)

## Cemetery or crematory

Fairview Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19.

(Date rec'd by registrar)

2 Jan 1948Elizabeth G. Hersh

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 19 47 at 1:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 30 19 47 to December 31 19 47  
 and that I last saw him alive on December 31 19 47

Immediate cause of death

Coronary Thrombosis  
Arteriosclerotic heart  
disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce M.D.  
 M. D. or other

Address

Frederick, Md.

Date signed

12/31/47

RECEIVED

JAN 5 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11238 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
Home for the Aged  
How long in hospital or institution? 21 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 115 Record Street  
(If rural, give LOCATION)  
None  
2.(a) If veteran, name war None

## 3. (a) FULL NAME

IDA NAOMI REINHART

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
6. (b) Name of husband or wife  
6. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) August 22, 1868  
8. AGE: Years 79 Months 3 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Ijamsville, Frederick Co., Maryland  
(Town, county, and state)

10. Usual occupation Retired School Teacher

## 11. Industry or business

FATHER 12. Name Andrew H. Reinhart  
13. Birthplace Frederick County, Maryland  
MOTHER 14. Maiden name Maria Plain  
15. Birthplace Frederick County, Maryland

16. Informant Records at the Home for the Aged  
Address Frederick, Maryland

17. Burial December 17, 1947  
(Burial, cremation, or removal to other place) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
Address Frederick, Maryland

19. 17 Dec 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15th 19 47 at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10th 19 47 to December 15 19 47 and that I last saw her alive on December 15th, 19 47

Immediate cause of death Chronic myocarditis DURATION 6 mos.

Due to Arteriosclerosis long period

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D. FORDEK  
Address Frederick, Maryland Date signed 12/17/47

RECEIVED  
DEC 19 1947  
STATE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11239  
139

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/27/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 8/27/47

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County...  
 City or town... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 726 S. Milton Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war... ☒

## 3. (a) FULL NAME

George Rembis

## 3. (b) Social Security Number

4. Sex... Male 5. Color or race... White 6. (a) Single, married, or divorced... Married  
 6. (b) Name of husband or wife... xxxx Josephine Rembis  
 6. (c) If alive, give age... 49 years  
 7. Birth date of deceased (mo., day, yr.)... July 10, 1898  
 8. AGE: Years... 49 Months... 5 Days... 5 If less than one day... hrs. min.

9. Birthplace... Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation... Freighter  
 11. Industry or business...

FATHER 12. Name... George Rembis  
 13. Birthplace... Little Poland  
 MOTHER 14. Maiden name... Tillie Dull  
 15. Birthplace... Little Poland

16. Informant... Deceased  
 Address...  
 17. Burial Date thereof... Dec. 19, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... St. Stanislaus Cemetery  
 Location... Baltimore, Maryland  
 18. Funeral director... Fred Ozazewski

Address... 1930 Eastern Ave., Baltimore, Md.  
 19. Dec. 16 19 47  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH... December 15 19 47 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 27 19 47 to Dec. 15 19 47  
 and that I last saw him alive on December 15 19 47

Immediate cause of death... Pulmonary Tuberculosis DURATION... 16 Mos.

Due to...

Due to...

Other conditions... Diabetes Mellitus 24 Mos.

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... R. G. Baccin M. D. [Signature]Address... State Sanatorium, Md. Date signed... 12/16/47

RECEIVED  
DEC 17 1947  
616560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11240

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 13 East Second Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

GRACE LAMPE RHOADS

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife G. Oscar Rhoads8. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) October 22, 1873

## 8. AGE:

Years

Months

Days

If less than one day

7429

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name Christian L. C. Lampe13. Birthplace Germany14. Maiden name Mary Babel15. Birthplace Germany16. Informant G. Oscar RhoadsAddress 13 E. 2nd St., Frederick, Md.17. Burial Date thereof 1/3/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 Jan 1948  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947 at 6:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 28 1947 to Dec 31 1947  
and that I last saw him alive on Dec 31 1947

Immediate cause of death

DURATION

Acute Suppurative Malacia

Due to

Due to

Other conditions Intestinal Obstruction

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal ObstructionDate of op. Dec 29-47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

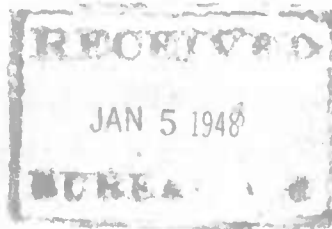
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D.

M. D. or other

Address Frederick, Maryland Date signed 1-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11241

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

117 West Patrick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 117 West Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

MISS LUCY MAY SCHAEFER

## 3. (b) Social Security Number

214-10-5008

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
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## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 4, 1890

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>4</u>	_____ hrs. _____ min.

9. Birthplace Frederick, Maryland  
(Town, county, and state)10. Usual occupation Floor Manager11. Industry or business Dept. Store12. Name Henry Schaefer13. Birthplace Frederick Co., Md.14. Maiden name Rosetta Bruchey15. Birthplace Frederick Co., Md.16. Informant Mrs. Samuel L. EopleyAddress 117 W. Patrick St., Frederick, Md.17. Burial Date thereof December 12, 1947  
(Burial, cremation, or disposal, whichever) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 9 Dec 1947  
(Date rec'd by registrar)Elizabeth K. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9th 1947, at 1:00 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 40 to Dec 9 1947  
and that I last saw him alive on Dec 8 1947

Immediate cause of death

Carcinomatous

DURATION

?Due to Primary Site Kidney ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Howard W. Ark M D

M. D. or other

Address Frederick Md Date signed 12-9-47

GENERAL LAND OFFICE

*Permanently*

ARTESIAN LEASE

NO CONTENT

RECEIVED

DEC 10 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

11242

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Annie M. Shank

## 3. (b) Social Security Number

none

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Elmer H. Shank6. (c) If alive, give age 78 years

## 7. Birth date of

deceased (mo., day, yr.) Oct. 7, 1868

## 8. AGE:

Years

Months

Days

If less than one day

79126

hrs.

min.

## 9. Birthplace

Middletown, Frederick Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

## FATHER

## 12. Name

Peter Leatherman

## 13. Birthplace

Middletown

## MOTHER

## 14. Maiden name

Julia Brooks

## 15. Birthplace

Middletown

## 16. Informant

Austin L. Main

## Address

Middletown, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

Dec. 6, 1947  
(month) (day) (year)

## Cemetery or crematory

Lutheran Cemetery

## Location

Middletown, Md.

## 18. Funeral director

Gladhill Co.

## Address

Middletown, Md.

## 19.

Dec 6 1947Marie Gladhill

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1947 at 10 A M

21. I CERTIFY that death occurred on the date above stated: that it attended deceased from

May 1945 to Dec 3 1947  
and that I last saw her alive on Dec 3 1947

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

4 wks

Due to

Due to

Other conditions

Chr. valvular heart disease 8 yrs

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

J. E. HarpMd

M. D. or other

Address

MiddletownDate signed 12-4-47

RECEIVED

DEC 8 1947

STREET V A



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11243

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 104 West Third Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

EDWARD CLARENCE SHEPHERD, JR.

### 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	---

6.(b) Name of ~~husband~~ or wife Lulu Landis  
6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) January 24, 1876

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>4</u>	.....hrs. ....min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Merchant

### 11. Industry or business

FATHER 12. Name Edward C. Shepherd, Sr.  
13. Birthplace Shepherdstown, W. Va.

MOTHER 14. Maiden name Amelia A. Shock  
15. Birthplace Relay, Maryland

16. Informant Mrs. Lulu L. Shepherd  
Address 104 W. 3rd St., Frederick, Md.

17. Burial 12/30/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 29 Dec 47 Elizabeth Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1947 at 1:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1947 to Dec 28 1947  
and that I last saw him alive on Dec 28 1947

Immediate cause of death Heart Coronary Thrombosis  
Due to.....

Other conditions Myocardial Infarction  
Disease  
(Include pregnancy within 3 months of death)  
Major findings of operations None  
Date of op. ....

Autopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

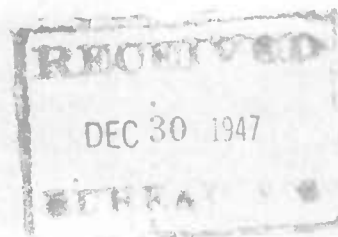
23. SIGNATURE A. A. Sears M. D.  
Address Frederick, Maryland Date signed 12-29-47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11244

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? since 9/12/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? since 9/12/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Legore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Margaerite Smith

## 3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Paul Smith  
 7. Birth date of deceased (mo., day, yr.) \_\_\_\_\_ 6. (c) If alive, give age 31 years  
 8. AGE: Years 26 Months 3 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New Market, Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business - -  
 12. Name George W. Bell  
 13. Birthplace Frederick Co. Md.  
 14. Maiden name Carrie Long  
 15. Birthplace Fredrick Co. Md.

16. Informant Husband & Mother  
 Address Legore, Frederick Co. Md.  
 17. Burial Date thereof Dec. 27, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rocky Hill  
 Location Woodstock, Md.  
 18. Funeral director Powell & Hartley  
 Address Woodstock, Md.  
 19. 12/25/47 19 \_\_\_\_\_  
 (Date rec'd by registrar) Registrar J. B. Smith

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1947 at 7:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 12, 1947 to Dec. 25, 1947and that I last saw her alive on December 24, 1947Immediate cause of death Miliary Tuberculosis DURATION 6 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

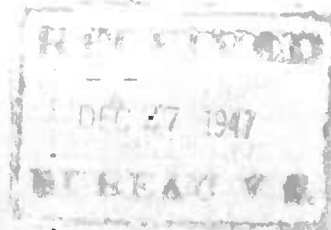
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. W. Baccin M. D. overAddress State Sanatorium, Md. Date signed 12/25/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

11245

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital  
 How long in hospital or institution? Since November 27, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #2  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana  
 (If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (a) FULL NAME

WILLIAM FRANCIS SPEER, SR.

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced  
W

6. (b) Name of husband or wife Ida Callister

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 6, 1864

8. AGE: Year 82 Months 8 Days 26  
 If less than one day ..... hrs. .... min.

9. Birthplace Newark, New Jersey  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Zenis Speer  
 13. Birthplace Newark, New Jersey

MOTHER 14. Maiden name (first name unknown) Vaness  
 15. Birthplace Newark, New Jersey

18. Informant George A. Speer  
 Address R. F. D. #2, Frederick, Md.

11. Removal Date thereof 12/3/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory.....  
 Location Belle Plaine, Iowa  
M. R. Etchison and Son

18. Funeral director.....  
 Address Frederick, Maryland

19. 3 Dec 47 Elizabeth H. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

29 May 1947, to Dec. 2 1947  
 and that I last saw him alive on December 2 1947

Immediate cause of death

DURATION

Myocardial failure 2 weeks  
 Due to Arteriosclerotic  
heart disease 15 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley M. D.  
Frederick, Maryland  
 Address..... Date signed 12-2-47

RECEIVED

DEC 4 1947

ST. PAUL

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 60 years  
Hospital, institution, or street address where death occurred:  
Home for the Aged  
How long in hospital or institution? 6 years

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 115 Record St  
(If rural, give LOCATION)  
2.(a) If veteran, name war none

### 3. (a) FULL NAME

Mrs Irene Lindsay Staley

### 3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

B. (b) Name of husband or wife Charles B. Staley  
(dead) 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1873

8. AGE: Years 74 Months 3 Days 1 If less than one day  
.....hrs. ....min.

9. Birthplace Unionville, Carroll, Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Hamilton Lindsay

13. Birthplace Unionville Md

14. Maiden name Susan C. Barnes

15. Birthplace Sak Orchard Md

16. Informant Records left by deceased

Address 54 E. Patrick St

17. Burial Date thereof 12/4/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or St Johns

Location Frederick Md

18. Funeral director Sam E. Garty Co.

Address Frederick, Md

19. 2 Dec 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 2d 19 47 at 5A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 22, 19 47, to Dec. 2d, 19 47  
and that I last saw her alive on November 30th, 19 47

Immediate cause of death Cerebral accident

Due to cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.

Address Frederick, Maryland Date signed 12/2/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

RESIDENTIAL ADDRESS

CITY AND COUNTY

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

RECEIVED  
DEC 4 1947  
BUREAU



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

11247

83a

### 1. PLACE OF DEATH:

County Frederick  
Frederick-Rural R. F. D. #3  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 44 Years  
 Hospital, institution, or street address where death occurred:  
Near Yellow Springs  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #3  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Yellow Springs  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

### 3. (a) FULL NAME

REVERDY THOMAS STALEY

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Addie E. Smith  
 6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) February 8, 1872  
 8. AGE: Years 75 Months 9 Days 23 If less than one day  
 ..hrs. ..min.

9. Birthplace Charlesville-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Cornelius Staley  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Measel  
 15. Birthplace Frederick County Maryland

16. Informant Carl C. Staley  
 Address Frederick, Maryland

17. Burial 12/4/47  
 (Burial, cremation, or removal? Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 3 Dec 47 Elizabeth L. Hach  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 1st, 1947 at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25 1947 to Dec. 1 1947

and that I last saw him alive on Dec. 1 1947

Immediate cause of death Cerebral hemorrhage DURATION 7 days

Due to Arterio Sclerosis 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

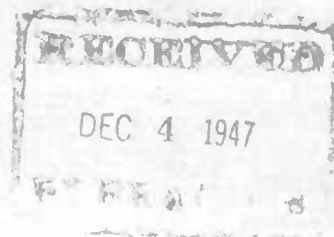
23. SIGNATURE M. M. Smith M. D.

Address Frederick, Maryland Date signed 12-2-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

11248

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Buckeystown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 Years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Buckeystown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 None

2.(a) If veteran, name war

## 3. (a) FULL NAME

JAMES PHILIP STALLING

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6.(b) Name of husband or wife Nora Cecil  
 6.(c) If alive, give age 55 years  
 7. Birth date of deceased (mo., day, yr.) October 5, 1872  
 8. AGE: Years 75 Months 2 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Poolesville-Montgomery-Maryland  
 (Town, county, and state)  
 10. Usual occupation Retired Farmer  
 11. Industry or business

FATHER 12. Name Richard S. Stalling  
 13. Birthplace Montgomery County Maryland  
 MOTHER 14. Maiden name Ellen N. Reed  
 15. Birthplace Montgomery County Maryland

16. Informant Mrs. Nora Stalling  
 Address Buckeystown, Maryland

17. Burial Date thereof 12/16/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address

19. 15-Dec-47 Elizabeth G. Heck  
 (Date rec'd by registrar) (19.47) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1947 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 47 to Dec 13 47 and that I last saw him alive on December 11 47

Immediate cause of death Coronary Hemorrhage DURATION 2 wks

Due to Hypertensive Cardiac Vascular Disease

Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

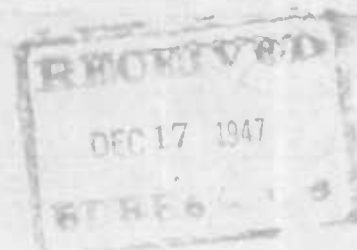
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Howard W. Cul M. D.  
 M. D. or other \_\_\_\_\_  
 Address Frederick, Maryland Date signed 12-15-47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County..... Frederick  
City or town..... Rural- W. of Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... Lifetime  
Hospital, institution, or street address where death occurred:  
Residence Shookstown Road  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Frederick  
City or town..... Rural- W. of Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... Shookstown Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... None

### 3. (a) FULL NAME

E. CECIL STINE

### 3. (b) Social Security Number

214-10-1698

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married  
6.(b) Name of Husband or wife..... Alma L. Iare Stine  
7. Birth date of deceased (mo., day, yr.)..... April 23-1900  
6.(c) If alive, give age..... 45 years  
8. AGE: Years..... 47 Months..... 8 Days..... 5 If less than one day..... hrs. .... min.

9. Birthplace..... Frederick County Maryland  
(Town, county, and state)  
10. Usual occupation..... Toolmaker and Machinist  
11. Industry or business..... Magnetic Devices  
12. Name..... George Elmer Stine  
13. Birthplace..... Frederick County Maryland  
14. Maiden name..... Ada M. Routzhan  
15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. E. Cecil Stine  
Address..... Shookstown Rd.- W. of Frederick, Md.  
17. Entombment..... Dec. 31-47  
(Burial, cremation, or removal, which?)  
Cemetery or crematory..... Frederick Memorial Cloister  
Location..... West of Frederick, Maryland  
18. Funeral director..... C.E. Cline and Son  
Address..... Frederick, Maryland  
19. 29-Dec 47 Elizabeth G. Heek Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 28th 1947 at 11:55a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
and that I last saw h. 11.7. 1947 alive on 28 1947

Immediate cause of death..... Coronary occlusion  
DURATION..... 1 hour

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

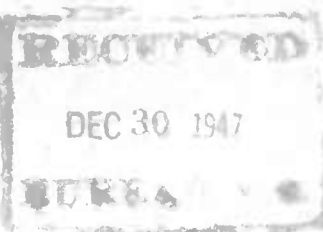
23. SIGNATURE..... P. W. Bowe  
M. D. or other

Address..... Frederick, Md. Date signed 12.29.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County..... **Fredrick**  
 City or town..... **Rural, Lantz Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... **1 year 10 month 10 days**  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

**Willis Ray Swisher**

## 4. Sex

**m**

## 5. Color or race

**white**

## 6. (a) Single, married, widowed, or divorced

**single**

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

**January 27, 1946**

## 6. (c) If alive, give age..... years

## 8. AGE:

**1****10****10**

If less than one day

..... hrs. .... min.

## 9. Birthplace

**Fredrick Co., Md.**

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## FATHER

## 12. Name

**Scott W. Swisher**

## 13. Birthplace

**Franklin Co., Pa.**

## MOTHER

## 14. Maiden name

**Mildred V. Emory**

## 15. Birthplace

**Adams Co., Pa.**

## 18. Informant

## Address

**Lantz Maryland**

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

**Dec 9, 1947**

(month) (day) (year)

## Cemetery or crematory

**Fairfield Union Cemetery**

## Location

**Fairfield, Penna.**

## 18. Funeral director

## Address

**Fairfield, Pa.**

## 19.

(Date rec'd by registrar)

19

**8****47****M. F. Shuff**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Maryland** County..... **Fredrick**  
 City or town..... **Rural**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **Lantz Md.**  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

**Dec 7, 1947** at **11 P.M.**

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**Dec 5, 1947** to **Dec 7, 1947**  
 and that I last saw him live on **Dec 7, 1947**

## Immediate cause of death

**Pneumonia, Bronchial**

## Duration

**1 day.**

## Due to

## Due to

## Other conditions

**asthmatic attack**  
**with convulsions.**  
 (Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

**Ira M. Henderson M.D.**  
**Fairfield, Pa.** Date signed **12-8-47**

RECEIVED

DEC 10 1947

BUREAU

Handwritten notes at the bottom left of the page, including "148-1" and "148-2".



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since December 4, 1947  
 Hospital, institution, or street address where death occurred:  
Hotel Frederick  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Jefferson  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE HENRY THOMAS

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) July 15, 1887  
 8. AGE: Years 60 Months 4 Days 19  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Nr. Brunswick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Electrical Contractor

## 11. Industry or business

FATHER	12. Name <u>Alphius Thomas</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Catherine Crum</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Miss Susie Thomas  
 Address Jefferson, Maryland

17. Burial 12/7/47  
 (Burial, cremation, or removal, whichever) Date thereof (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 5-Dec-47 19 47  
 (Date rec'd by registrar) Elizabeth G. Heck Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 19 47 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
 and that I last saw h. 17 alive on December 4th 19 47

Immediate cause of death Coronary occlusion

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

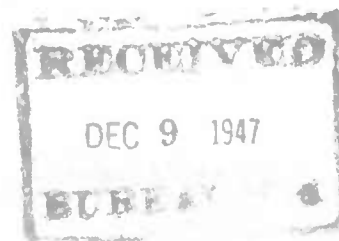
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? Yes

23. SIGNATURE P. W. Barr M. D. or other

Address Frederick, Md Date signed 12-4-47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11252  
Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Adamstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 35 Years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Adamstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2. (a) If veteran, name war None

### 3. (a) FULL NAME

WILLIAM RICHARD TITUS

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
6. (b) Name of husband or wife Nellie Scarff  
6. (c) If alive, give age 75 years  
7. Birth date of deceased (mo., day, yr.) September 10, 1875  
8. AGE: Years 72 Months 3 Days 18 If less than one day  
.....hrs. ....min.

9. Birthplace Nr. Dickerson-Montgomery- Maryland  
(Town, county, and state)  
Farmer

10. Usual occupation

11. Industry or business

12. Name Burr T. Titus

13. Birthplace Loudoun County Virginia

14. Maiden name Martha V. Houser

15. Birthplace Loudoun County Virginia

16. Informant Mrs. William R. Titus

Address Adamstown, Maryland

17. Burial Date thereof 12/30/47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Leesburg, Virginia

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 29 Dec 47 Registrar Elizabeth G. Hech  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1947 at 5:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1947 to Dec 28 1947  
and that I last saw him alive on Dec 28 1947

Immediate cause of death Acute cardiac dilatation DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.

Address Frederick, Maryland Date signed 12-29-47

MARGIN RESERVED FOR BINDING

I

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1947

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State... Maryland County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 119 Record Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

MARY ESTHER HOWARD TULL

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 6, 1902 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 45 Months 8 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick, Maryland  
 (Town, county, and state)

10. Usual occupation Columnist-Feature Writer & Editor Society

11. Industry or business Newspaper

12. Name Wesley S. Tull

13. Birthplace Princess Anne, Md.

14. Maiden name Eleanor Howard

15. Birthplace Frederick, Maryland

16. Informant Mrs. Wesley S. Tull

Address 119 Record St., Frederick, Md.

17. Burial Date thereof December 16, 1947  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 16-Dec 19 47 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11th 19 47, at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 19 47 to Dec 14 19 47  
 and that I last saw him alive on Dec 14 19 47

Immediate cause of death: \_\_\_\_\_ DURATION \_\_\_\_\_

Due to Obtuse myocardial infarction 3 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE EP Thomas M. D. or other \_\_\_\_\_

Address Frederick, Md. Date signed Dec 15

RECEIVED  
DEC 18 1947  
BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11254

147

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Mount Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 19 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Frederick  
 City or town... Mount Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Louis Eli Unglesbee

## 3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced widower  
 6.(b) Name of husband or wife Ida Kate deceased 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Sept. 7, 1857  
 8. AGE: Years 90 Months 3 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County - Maryland  
 (Town, county, and state)  
 10. Usual occupation retired  
 11. Industry or business farming  
 12. Name Geo. Washington Unglesbee  
 13. Birthplace Maryland  
 14. Maiden name Catherine Heim  
 15. Birthplace Maryland

16. Informant Mrs. Charles Hooper  
 Address Mount Airy - Md.  
 17. Burial Date thereof 12-13-47  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Frederick, Maryland  
 18. Funeral director E. M. Watts  
 Address Winfield, Md.  
 19. Dec. 12 19 47 E. C. A. Reukler  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1947 at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him alive on Dec. 10, 1947

Immediate cause of death Coronary Thrombosis DURATION 1 da

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Chr. Hypertension ? yrs  
Arterio-Sclerosis ? yrs  
 (Include pregnancy within 8 months of death)

Major findings of operations none Date of op. \_\_\_\_\_

Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. Stanton Grubill, M.D. M. D. or other  
Mount Airy, Md. Address \_\_\_\_\_ Date signed 12/10/47

RECEIVED

DEC 15 1947

8.854



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11255

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Howard  
City or town Lisbon  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Woodbine P.O.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Joshua Dorsey Wayfield

### 3. (b) Social Security Number

### 4. Sex

M

### 5. Color or race

W

### 6. (a) Single, married, widowed, or divorced

Married

### 6. (b) Name of husband or wife

Mary Dorsey

### 7. Birth date of deceased (mo., day, yr.)

Oct. 21, 1878

### 6. (c) If alive, give age

3 years

### 8. AGE:

Years 69 Months 1 Days 11  
If less than one day  
hrs. min.

### 9. Birthplace

Maryland  
(Town, county, and state)

### 10. Usual occupation

Farmer

### 11. Industry or business

Retired

### FATHER

### 12. Name

Thomas O. Wayfield

### 13. Birthplace

MD.

### MOTHER

### 14. Maiden name

Laura Dorsey

### 15. Birthplace

MD.

### 16. Informant

Mrs. Mary Wayfield

### Address

Woodbine, MD.

### 17.

Burial  
(Burial, cremation, or removal, when)

Date thereof Dec. 4, 1947  
(month) (day) (year)

### Cemetery or

Oak Grove Cemetery

### Location

Glennwood, Howard Co., Md.

### 18. Funeral director

C. M. Watts

### Address

Winfield, Md.

### 19.

Dec. 3 1947  
(Date rec'd by registrar)

Elizabeth G. Heck  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1947 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 Oct 1947 to 2 Dec 1947  
and that I last saw him alive on 1 Dec 1947

### Immediate cause of death

pulmonary hemorrhage

### DURATION

### Due to

metastatic

### Due to

Carcinoma of prostate

### Other conditions

Bunchitis chronic

(Include pregnancy within 3 months of death)

### Major findings of operations

Ca of prostate

Date of op. 2/15/48

### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

### 23. SIGNATURE

Cheer Randol

M. D. or other

Address Damascus, Md. Date signed 2 Dec 47

MARGIN RESERVED FOR BINDING

I

VS A16

9.45.17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 6 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11256

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near High Knob

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 138 East Fifth Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

LUTHER CHARLES WELTY

## 3.(b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Florence Dusing7. Birth date of  
deceased (mo., day, yr.)August 6, 1874

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7347

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Retired Blacksmith

11. Industry or business

FATHER

12. Name

William Welty

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Margaret Fogle

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. C. S. Rhine

Address

Keymar, Maryland

17.

BurialDate thereof 12/16/47

(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

15 Dec 1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 1319 47, at 3:57 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 Dec 13 19 47

Immediate cause of death

Cerebral thrombosis

DURATION

Immediate

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. W. Bae Deputy med. ex.

M. D. or other

Address

Frederick, MdDate signed 12.13.47

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DEC 17 1947  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50 +

11257

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

<b>1. PLACE OF DEATH:</b> County..... <u>Fredrick</u> City or town..... <u>Emmitsburg, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: ..... How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Fredrick</u> City or town..... <u>Emmitsburg, Md.</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Mary Amelia Welty</u>				<b>3. (b) Social Security Number</b> <u>none</u>			
<b>4. Sex</b> <u>Fm</u> <b>5. Color or race</b> <u>white</u> <b>6. (a) Single, married, widowed, or divorced</b> <u>married</u>				<b>MEDICAL CERTIFICATION</b> <u>AM</u>			
<b>6. (b) Name of husband or wife</b> <u>James E. Welty</u> <b>6. (c) If alive, give age</b> <u>54 years</u>				<b>20. DATE OF DEATH</b> <u>Dec 3</u> 19 <u>47</u> at <u>10.50</u> <u>AM</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>November 30 1898</u>				<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Jan 45</u> to <u>Dec 3 47</u> and that I last saw her alive on <u>Dec 3 47</u>			
<b>8. AGE:</b> Years <u>49</u> Months <u>00</u> Days <u>2</u> If less than one day ..... hrs. .... min.				<b>Immediate cause of death</b> <u>Carcinoma of breast with metastases to both lungs.</u> <b>DURATION</b> <u>1.8 mo</u>			
<b>9. Birthplace</b> <u>Carroll Co., Md.</u> (Town, county, and state)				<b>Due to</b> <u>both lungs.</u>			
<b>10. Usual occupation</b> <u>Housewife</u>				<b>Due to</b> .....			
<b>11. Industry or business</b> .....				<b>Other conditions</b> .....			
<b>FATHER</b> <b>12. Name</b> <u>Bernard J. Hobbs</u> <b>13. Birthplace</b> <u>Fredrick Co., Md.</u>				(Include pregnancy within 3 months of death)			
<b>MOTHER</b> <b>14. Maiden name</b> <u>Dora E. Harner</u> <b>15. Birthplace</b> <u>Adams Co., Pa.</u>				<b>Major findings of operations</b> .....			
<b>16. Informant</b> <u>James E. Welty</u> <b>Address</b> <u>Emmitsburg, Md.</u>				<b>Autopsy results</b> .....			
<b>17. Burial</b> <u>December 6, 1947</u> (Burial, cremation, or removal. Which?) (month) (day) (year) <b>Cemetery or crematory</b> <u>Keysville Cemetery</u> <b>Location</b> <u>Keysville, Md.</u>				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>18. Funeral director</b> <u>S. L. Allison</u> <b>Address</b> <u>Emmitsburg, Md.</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....			
<b>19. (Date rec'd by registrar)</b> <u>Dec 5, 1947</u> <u>M. F. Shuff</u> Registrar				<b>23. SIGNATURE</b> <u>W. R. Cade</u> <u>MD</u> Address..... Date signed <u>12-5-47</u>			

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 Years

Hospital, institution, or street address where death occurred:

331 East Third Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 331 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ALICE IRENE ZITTLE

## 3. (b) Social Security Number

None4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 31, 18588. AGE: Years 89 Months 4 Days 24 If less than one day.....hrs. ....min.9. Birthplace Bolivar-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Horatio Zittle  
13. Birthplace Frederick County Maryland14. Maiden name Charlotte Toms  
15. Birthplace Frederick County Maryland16. Informant Mrs. William E. Darner  
Address 331 E. 3rd St., Frederick, Md.17. Burial 12/29/47  
(Burial, cremation, or elsewhere) Date thereof (month) (day) (year)Cemetery or crematory Lutheran Cemetery  
Location Middletown, Maryland  
M. R. Etchison and Son18. Funeral director Frederick, Maryland  
Address19. 27-Dec-47 Elizabeth G. Hoch  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1947 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 14 1947 to Dec 25 1947  
and that I last saw him alive on Dec 25 1947Immediate cause of death Chronic myocarditis DURATION 25 yrs.

Due to

Due to

Other conditions Fracture right femur  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Accident Date of Nov 14 47

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Her bedroomMeans of injury Trauma Injured at work? El-23-48 Baltimore  
Free from chain23. SIGNATURE M. D.  
M. D. or otherAddress Frederick, Maryland Date signed 12-27-47

MARGIN RESERVED FOR BINDING

VS A15 94515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 29 1947

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